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**FEE TRANSMITTAL  
for FY 2000**

Patent fees are subject to annual revision  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$)**748.00****Complete if Known**

<b>Application Number</b>	Not Yet Known
<b>Filing Date</b>	July 25, 2000
<b>First Named Inventor</b>	Gi-Joon Nam
<b>Examiner Name</b>	Not Yet Known
<b>Group / Art Unit</b>	Not Yet Known
<b>Attorney Docket No.</b>	X-633 US

**METHOD OF PAYMENT (check one)**1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit  
Account  
Number

24-0040

Deposit  
Account  
Name

XILINX, INC.

☐ Charge the Issue Fee Required  
Under 37 CFR §§ 1.16 and 1.172. ☐ Payment Enclosed:☐ Check ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Fee Description	Fee
Fee Code	Fee (\$)		
101	760	Utility filing fee	\$690
106	330	Design filing fee	
107	540	Plant filing fee	
108	760	Reissue filing fee	
114	150	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$) 690.00</b>

**2. EXTRA CLAIM FEES**

	Extra	Fee from below	Fee Paid
Total Claims	21 - 20** = 1	X 18 =	\$18
Indep. Claims	3 - 3** = 0	X =	\$0
Multiple Dependent		X =	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity		Fee Description
Fee Code	Fee (\$)	
103	18	Claims in excess of 20
102	78	Independent claims in excess of 3
104	260	Multiple dependent claim, if not paid
109	78	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b> (\$) <b>18.00</b>		

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**Large Entity  
Fee Fee

Code	Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet.	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1,360	Extension for reply within fourth month	
128	1,850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,210	Petition to revive - unintentional	
142	1,210	Utility issue fee (or reissue)	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	\$40
146	690	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$)**40.00****SUBMITTED BY****Complete (if applicable)**

<b>Name (Print/Type)</b>	Edel M. Young	<b>Registration No. (Attorney/Agent)</b>	32,451	<b>Telephone</b>	408-879-4969
<b>Signature</b>	Edel M. Young			<b>Date</b>	07-25-2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/05 (4/98)  
Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Atty. Docket No.	<b>X-633 US</b>
	First Inventor or Appl. Identifier	<b>Gi-Joon Nam</b>
	Title	<b>A METHOD AND APPARATUS FOR TESTING ROUTABILITY</b>
Express Mail Label No.		<b>EL539651244US</b>

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>18</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <b>4</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> *Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: .....
4. Oath or Declaration [Total Pages <b>3</b> ] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 16 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR § 1.63(d)(2) and 1.33(b).</li></ul>	

**NOTE FOR ITEMS 1 & 13:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>24309</b> (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below
Name	<b>Attn: Edel M. Young</b>			
Address				
City	State	Zip Code		
Country	Telephone	408-879-4969	Fax	408-377-6137

Name (Print/Type)	<b>Edel M. Young</b>	Registration No. (Attorney/Agent)	<b>32,451</b>
Signature	<i>Edel M Young</i>	Date	<b>July 25, 2000</b>

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